

Kansas Division of Emergency Management HMEP PAYROLL MATCHING SUMMARY

AGENCY/DEPARTMENT

PAY PERIOD

Employee Name	Position Title	Hrs/Days worked hmep	Gross Earnings	Total Benefits	TOTAL PERSONNEL
GRAND TOTALS		0	-	-	-

"By signing tis document, I certify to the best of my knowledge and belief that the provided information is true, complete, and accurate, and all funds were used solely for the project and purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fiscitius, or fradulent information, or the omission of any material fact, may subject me to crimianl, civil or administravtive penalties for fraud, false statements, false claims or otherwise."

AUTHORIZIE	OFFICIAL	SIGNATI	IRF